



CITY OF KINGSBURG BUSINESS LICENSE APPLICATION

City of Kingsburg
1401 Draper Street
Kingsburg, Ca 93631
(559) 897-5328
Fax # (559) 897-6558

BUSINESS NAME AND ADDRESS INFORMATION

| | | | | |
|--------------------------------|-----------|---------|-------|----------|
| Business Name | | Phone # | | |
| Business Location | Ste/Apt # | City | State | Zip Code |
| Mailing Address (if different) | | | | |

BUSINESS OWNER/OFFICER INFORMATION

| | | |
|--|--------------|-------------------|
| Name and Title | Home Address | (Area code) Phone |
| Name and Title | Home Address | (Area code) Phone |
| Is Application for a: Sole Proprietorship, Partnership, or Corporation? (If corporation, give legal name of corporation.) | | |

BUSINESS INFORMATION

| | | | |
|---------------------------------------|--|-------------------|------------|
| Full Description of Business Activity | | | |
| Business Start Date | Contractors License # and Class (A,B,or C) | | Home Occ # |
| Resale No. | Fed ID # or State ID # | Social Security # | |
| Within City Limits? | New License or Renewal? | Rate Code | Fee Amount |

CONFIDENTIAL INFORMATION

OFFSITE EMERGENCY CONTACT (FOR USE IN POLICE OR FIRE EMERGENCIES ONLY)

| | | |
|--------------|-------------------|--------------|
| Contact Name | Full Home Address | Phone Number |
| Contact Name | Full Home Address | Phone Number |

I Certify under penalties of perjury that the contents hereof are true and correct.

| | | |
|-----------|-------|------|
| Signature | Title | Date |
|-----------|-------|------|

FOR OFFICE USE ONLY

| | | |
|---|-------------|---------|
| Date Paid | Amount Paid | S I C # |
| New license applicants must pay a \$25.00 processing fee . All license fees are due and payable in advance on the first day of January of each year, and shall be delinquent on the first day of April. (Ord.463 (part), 1987: Ord.428, Sec. 2, 1984.) | | PAID: |

| | |
|--|----------|
| CITY OF KINGSBURG BUSINESS LICENSE NUMBER | REMARKS: |
|--|----------|